

**Abstract 416**

**TITLE:** Formative Research on the Burden of HIV/AIDS Among Older Urban Women

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**BACKGROUND/OBJECTIVES:** The impact of the HIV/AIDS epidemic on older individuals in urban African-American communities has received less attention than younger persons, who have more immediate risk for AIDS through sexual or drug-related behaviors. Older urban African Americans, especially women, however, will continue to face increasing mental and physical health consequences of the epidemic for a variety of reasons. Significant, under-recognized risk for infection exists through contact with new partners as long-term relationships end in widowhood or divorce. Additional burdens from the epidemic for this population include caring for infected adults and children in their families, caring for the children and spouses of persons who have died, and emotional and material losses of adult children and others in their communities who traditionally would have cared for these women as they age. In order to understand the impact of AIDS on older black women, we conducted qualitative interviews about AIDS with African-American women ages 45 to 95 living in East Baltimore neighborhoods with high rates of HIV/AIDS.

**METHODS:** 612 women participated in a 2-hour audio-taped home interview, during which we collected extensive information on general health and social history. In addition, 45 participants were asked a longer series of open-ended questions specifically concerning HIV/AIDS.

**RESULTS:** Results show that many women suffer significant emotional burden through the death of family and friends, as well as ongoing concerns about risk for their children and relatives. Additionally, they have concerns about their own risk through heterosexual partnerships. They describe the impact of these concerns on their relationships with men. When asked about sources of AIDS information, most report little preventive counseling or testing initiated by their medical providers. Some report that, when asking for testing, they have been discouraged by their providers.

**CONCLUSIONS:** There is substantial HIV/AIDS burden among older African-American women, who may not belong to previously targeted high risk groups. Implications for research and service include community-based "in-reach" efforts, to address needs for health education and testing within already occurring health care encounters. A life-course perspective is especially useful in identifying areas of need among these older women and their partners.

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